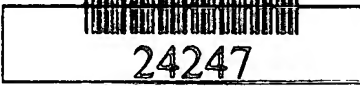
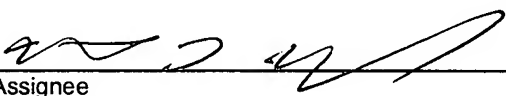




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REISSUE APPLICATION DECLARATION BY THE ASSIGNEE		Docket Number (optional) 2269-3259.1US (91-473.02 RE)
<p>I hereby declare that:</p> <p>My residence and post office address and citizenship are stated below next to my name.</p> <p>I am authorized to act on behalf of the following assignee: <u>Micron Technology, Inc.</u></p> <p>and the title of my position with said assignee is: <u>Chief Patent Counsel</u></p> <p>The entire title to the patent identified below is vested in said assignee.</p>		
Name of Patentee(s): Micron Technology, Inc.		
Patent Number 5,270,241	Date of Patent Issued 12/14/93	
Title of Invention OPTIMIZED CONTAINER STACKED CAPACITOR DRAM CELL UTILIZING SACRIFICIAL OXIDE DEPOSITION AND CHEMICAL MECHANICAL POLISHING		
<p>I believe said patentee(s) to be the original, first and sole/joint inventor(s) of the subject matter which is described and claimed in said patent, for which a reissue patent is sought on the invention entitled <u>OPTIMIZED CONTAINER STACKED CAPACITOR DRAM CELL UTILIZING SACRIFICIAL OXIDE DEPOSITION AND CHEMICAL MECHANICAL POLISHING.</u></p> <p>the specification of which</p> <p><input checked="" type="checkbox"/> is attached hereto.</p> <p><input type="checkbox"/> was filed on _____ as reissue application number _____ / _____ and was amended on _____ (If applicable)</p> <p>I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.</p> <p>I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.</p> <p>I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)</p> <p><input type="checkbox"/> by reason of a defective specification or drawing.</p> <p><input checked="" type="checkbox"/> by reason of the patentee claiming more or less than he had the right to claim in the patent.</p> <p><input type="checkbox"/> by reason of other errors.</p> <p>At least one error upon which reissue is based is described as follows: <u>N/A</u></p> <p>[Attach additional sheets, if needed.]</p> <p>All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant.</p>		

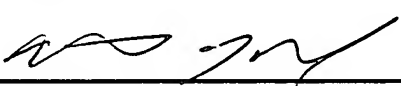
(REISSUE APPLICATION DECLARATION BY THE ASSIGNEE)		Docket Number (Optional) 2269-3259.1US (91-473.02 RE)	
I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.			
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Full name of person signing (given name, family name) Michael L. Lynch, Reg. No. 30,871			
Signature 		Date 12-18-01	
Address of Assignee 8000 South Federal Way Boise, ID 83707-0006			
Patentee Charles H. Dennison		Citizenship U.S.A.	
Residence/Post Office Address San Jose, California/5719 Algonquin Way, San Jose, CA 95138			
Patentee Michael A. Walker		Citizenship U.S.A.	
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<input type="checkbox"/> Additional Patentees are named on separately numbered sheets attached hereto.			



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REISSUE APPLICATION: CONSENT OF ASSIGNEE; STATEMENT OF NON-ASSIGNMENT		Docket Number (Optional) 2269-3259.1US (91-473.02 RE)
This is part of the application for a reissue patent based on the original patent identified below.		
Name of Patentee(s) Dennison et al.		
Patent Number 5,270,241	Date Patent Issued 12/14/93	
Title of Invention OPTIMIZED CONTAINER STACKED CAPACITOR DRAM CELL UTILIZING SACRIFICIAL OXIDE DEPOSITION AND CHEMICAL MECHANICAL POLISHING		
<p>1. <input checked="" type="checkbox"/> Filed herein is a certificate under 37 CFR 3.73(b). (Form PTO/SB/96)</p> <p>2. <input type="checkbox"/> Ownership of the patent is in the inventor(s), and no assignment of the patent has been made.</p> <p>One of boxes 1 or 2 above must be checked. If multiple assignees, complete this form for each assignee. If box 2 is checked, skip the next entry and go directly to "Name of Assignee".</p> <p>The written consent of all assignees and inventors owning an undivided interest in the original patent is included in this application for reissue.</p>		
The assignee owning an undivided interest in said original patent is/are <u>Micron Technology, Inc.</u> and the assignee(s) consents to the accompanying application for reissue.		
Name of assignee/inventor (if not assigned) Micron Technology, Inc.		
Signature 	Date 12-18-01	
Typed or printed name and title of person signing for assignee (if assigned) Michael L. Lynch Registration No. 30,871 Chief Patent Counsel, an authorized representative empowered to grant the foregoing Consent of Assignee		

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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